PTM of Jackson, Inc. Passenger Complaints – Commendations – Service Requests

Caller Name:	Caller Telephone #:
Date Received:	Route/Run:
Date of Incident:	Time of Incident:
Bus Number: Direct	cion/Location:
Motor Operator Name:	
TYPE OF INCIDENT	
Place a check in all the boxes that apply	
FIXED ROUTE	HANDILIFT
Passing by passenger(s)	☐ Wheelchair lift
Wheelchair securement devices	Wheelchair securement devices
─ Wheelchair ramp malfunction	Trip denials
☐ Discourteous operator	Late pickups
☐ 30-minutes delay-receiving alternative transportation	Late drop-offs
Operator failure to request alternative transportation	☐ Missed trips
Operator failure to cycle lift	Excessively long trips
Operator failure to secure rider/wheelchair in the bus	Failure to provide origin-to-destination service
Operator failure to appear	Access telephone reservations
☐ Inadequate service	Other:
Running late/early	
Operating off the route	
Other:	
Please	Print
Additional Sheet (attached to form)	
Statement	
Passenger/Citizen Signature	Date
Additional Sheet (attached to form)	
Action Taken	
Supervisor Signature	 Date

Hard Copies: White-Office File Blue-Passenger/Customer Yellow-Employee/Driver

Mail From to: PTM of Jackson, 1025 Terry Road, Jackson, MS 39207 - Questions: 601-960-0725